



Understanding Stigma

Substance use disorders (SUDs) are some of the most stigmatized medical conditions, even though people increasingly understand that SUD is a complex disease that can be difficult to treat and may require ongoing medical care.¹ SUDs, including opioid use disorder (OUD), are long-term, relapsing brain diseases that are characterized by compulsive drug-seeking and use despite harmful consequences.

These disorders are frequently still considered a character flaw or a natural consequence of a bad decision. Society stereotypes people who have a SUD as immoral, violent, dangerous, lazy, or from a certain ethnic or racial background or region. Reactions that stigmatize people who have SUDs include fear, judgment, disgust and dismissiveness.

IMPACT OF STIGMA

- Stigmatizing people who have SUDs results in shame and isolation
- People who are ashamed of their drug use are more likely to hide it, and wait until their SUD has progressed and become more serious before seeking help
- Data from the [2017 National Survey on Drug Use and Health](#) spotlights the impact from stigma. In 2017, 37.7% of respondents indicated that they didn't seek treatment for reasons related to stigma and bias— up from 25.4% in 2016. Over 20% of respondents specifically highlighted fear of a negative impact on employment status as a barrier to seeking treatment.
- Stigma exists against using medication assisted treatment (MAT) for several reasons, including the belief that it is “just substituting one drug for another”, or doesn't lead to recovery. MAT is the most effective way to treat OUD.

People with substance use disorders encounter stigma, causing feelings of shame and fear – preventing them from seeking help early on

Stigma is:

- A barrier to accessing any sort of services, from prevention services to treatment and recovery
- An attitude, behavior, or condition that is socially damaging or discrediting
- A disgrace associated with a particular circumstance, quality, or person

Other people impacted by OUD also experience stigma

- Families may isolate themselves when a loved one has an OUD. They may try to keep it a secret to avoid judgment and embarrassment, and not reach out for help and support.
- Stigma against opioid use can affect people who have an appropriate opioid prescription. People who have legitimate opioid prescriptions for chronic pain may be forced off of a successful treatment regimen, leading to other consequences including increased pain and decreased quality of life, even though they do not have an opioid use disorder.

EMPLOYER ROLE IN REDUCING STIGMA

Most of us would never intentionally stereotype or stigmatize people who have an SUD. However, it can happen anyway. People with SUDs are just that – people. We can all be a part of changing the narrative about SUD and providing compassion and help for people with SUDs and their families when they need support.

Key Steps for Employers

Employers can play an important role in addressing the stigma of SUD. Here are some ways to reduce stigma in the workplace:

- ✓ Openly discuss and provide education on SUDs and OUDs, which can help reduce the shame and stigma and open the door for people who need help
- ✓ Be advocates in the community, and support community partners and resources for recovery
- ✓ Ensure equal access to all treatments that have proven success records
- ✓ Provide a confidential employee assistance program
- ✓ Revise policies from “zero tolerance” to allow for recovery and potential relapse
- ✓ Use inclusive, non-stigmatizing verbal and written language in the workplace. Avoiding harsh, punitive language promotes a culture of support and understanding. Some examples include:
 - Instead of “drug/opioid abuse,” say “substance/opioid use or misuse.”
 - Instead of “drug/opioid abuser,” “addict” or “junkie,” say “person with a substance/opioid use disorder.”
 - Gently correct people who use stigmatizing terms or who apply negative stereotypes to people with SUDs.

Medical advice and information in this document were approved by NSC physicians who advise the Council on our substance use harm initiatives. These doctors also are members of the [NSC Physician Speakers Bureau](#).

¹Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders. *Current Opinion in Psychiatry*,30(5), 378-388. doi:10.1097/ycp.0000000000000351